

Agency: \_\_\_\_\_

## Summary of Case Histories

Complaint Number:

Suspect Establishment(s):

Dates of Outbreak:

## Signs and Symptoms

### Severity

[illegible]

Agency: \_\_\_\_\_

<b>Summary of Case Histories:</b> Continuation sheet												Signs and Symptoms										Severity			
Complaint Number:																									
ID No	Name	Address	Phone	Sex	Age	Ill	Time of Eating		Time of Initial Symptom		Incubation Period	Nausea	Vomiting	Diarrhea	Abdominal Cramps	Fever						Duration	Physician Seen	Hospitalized	Stool culture
							Date	Time	Date	Time															
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